

EXHIBIT 68

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CONFIDENTIAL NEUROPSYCHOLOGICAL EVALUATION

Name: Donquarion Lewis
Chronological Age: 18 years, 11 months
Neuropsychologist: Chiarina Owens, Ph.D.
Date of Birth: 08/20/2002
Date of Evaluation: 08/17/2021

SUMMARY OF EVALUATION

Donquarion was an 18 year, 11-month-old, right-handed, English-speaking male with a history notable for numerous concussions, related emergency room visits, deficits in attention, learning disabilities in reading and arithmetic, reported mistreatment in the academic setting, special education services, and emotional challenges associated with adverse events at school and within his extended family. Disability Rights Michigan requested this evaluation to assess Donquarion's neurocognitive and behavioral functioning, provide diagnostic clarification, assist with treatment planning, and make recommendations concerning his educational needs.

Evaluation results confirm the clinical significance of concerns presented by Donquarion and his mother about his academic preparedness, neurocognitive and behavioral functioning, and future success. Evaluation results indicated a long history of significant emotional and cognitive challenges for this exceptionally polite, socially engaged, and intelligent teenager, challenges for which available records do not provide evidence of adequate academic and psychosocial support. In the context of Average to Above Average nonverbal intellectual functioning and broad average abilities on measures of verbal memory, verbal learning efficiency, and understanding societal norms, Donquarion demonstrated impairment on measures of phonological processing (skills associated with efficiently processing and applying sound-symbol relationships), vocabulary, verbal fluency, verbal reasoning/concept formation, attention/concentration, academic achievement, fine motor dexterity, time-dependent mental flexibility, and visual memory. In contrast to impressive visual-perceptual problem-solving, visually based quantitative reasoning, and visual-spatial analysis and construction ability (30th to 81st percentile), Donquarion demonstrated Borderline range scores (2nd to 3rd percentile) on verbal measures of psychometric intelligence. Unfortunately, there is no history of Donquarion being provided a complete psychoeducational evaluation to guide special education interventions. In addition to the psychological and social difficulties expected from chronic academic failure and related traumas, his neurocognitive profile lends itself to unique social and emotional difficulties related to knowing more than one can verbalize or apply in the absence of appropriately tailored compensatory strategies. Summarily, evaluation results indicated significant emotional challenges secondary to the tragic loss of family members, past academic experience, academic and social injustices, perceived failure, and concerns about his future.

Diagnostic criteria were met for 1) Specific Learning Disorders in Reading and Arithmetic, severe; 2) Attention-Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate; 3)

Posttraumatic Stress Disorder (affecting Emotions, Sensory experiences, and Conduct); 4) Complicated Grief; 5) Panic Disorder, in remission; Major Depressive Disorder, severe, in remission; and rule-out diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Mild neurocognitive/Post-concussive effects affecting cognitive and fine motor functioning, and Central Auditory Processing Disorder (CAPD). ***Other history or problems for clinical focus*** included Unspecified Sleep Disorder and Academic/ Educational Problem.

Recommendations provided included: 1) Consultation with his primary care physician about the findings of this evaluation, including the exploration of treatments for mood, trauma, attention, and sleep problems; referrals for occupational therapy given fine motor deficits, audiology for CAPD, and neurology to rule out post-concussive syndrome/head injury effects; 2) Immediate psychiatric consultation and engagement in psychotherapy to assess/monitor for subclinical mood and psychiatric symptoms, address trauma and grief, and facilitate relaxation and coping strategies; 3) Forward findings to Donquarion's school district to address academic programming and transitional plans for a post-high school setting; 4) Family Systems Therapy to address other family dynamics impacting Donquarion's wellbeing and potential for success. Please note that treatment of Donquarion's attention deficits, trauma, and other emotional challenges will increase his availability for learning. Specific consideration of a norepinephrine reuptake inhibitor like Strattera (Atomoxetine) may be the desired option for treating attention and reading problems given clinical and research indication of its efficacy (<https://pubmed.ncbi.nlm.nih.gov/27410907/>).

BACKGROUND INFORMATION AND HISTORY

The following background information was obtained from interviews with Donquarion and his mother, Ms. Lewis McDonald, a review of available records, and standardized questionnaires.

Current Concerns: Ms. McDonald stated her primary concern to be securing an accurate description of Donquarion's academic challenges and needed educational interventions so that his transition into higher education and gainful employment meets with success. She added that she was frustrated and perplexed by the absence of answers to her questions about why her son struggled academically. Donquarion expressed his primary concerns, including his reading ability, educational roadblocks to playing college football, and coping with emotional stressors related to his past and current academic experiences and family loss. He and his mother shared that they felt unsupported except for one or two teachers during his formal education. When asked about IEP notes stating they were provided guidance about post-high school education and career planning, Donquarion and his mother stated they had no recall of the transition plans recorded in the June 2021 IEP. They also expressed they were not in attendance at the IEP dated to have occurred the year he graduated and that Donquarion's graduation reflected their investment and determination and not the school district's. They reported that Donquarion was not included on the list of graduates. Nevertheless, informed at the last minute that he could graduate, Donquarion marched across the stage (graduation ceremony) the day of his grandmother's funeral.

Medical History: Donquarion reported a history of injury in his left knee and concussions sustained playing football. He reported being hospitalized twice during his sophomore year but did not remember why. He added that due to his high pain threshold, there were numerous times he continued to play (football) despite significant injury. Donquarion reported a history of hearing

problems and disrupted sleep. An eraser was discovered lodged in his ear when he was between 10 and 12 years old. Donquarion reported fluctuations in his appetite and involuntary leg movements that appeared to be stress-related. Donquarion denied the use of nicotine, marijuana, or illicit substances. He reported no known history of seizures.

Birth and Family History: Donquarion was reportedly the product of a complicated delivery (emergency cesarean section with suction). His birth weight was 7 lbs., 5 oz. He previously lived with his mother, two sisters, and two brothers and often cared for his younger siblings. His family history was significant for learning difficulties, mental health challenges, and several traumatic events. Donquarion reported that his relationship with his mother was strained by rapid changes in her mood and resentment about his responsibility for his siblings. He noted that he felt he was able to protect and positively influence his mother at one time, but that in recent years, he felt powerless to protect her and was stressed and frustrated by her difficulties. He reported living with his grandmother for the past few months due to his disagreements with his mother and to help take care of his grandmother. He added that his level of irritability decreased while living with his grandmother.

Donquarion reported, "In high school, I argued with all my teachers." He described tenth and eleventh grade as a "bad phase" during which he argued with his siblings. He added that in 2016 his cousin died. After his cousin died, Donquarion reported that he became a different person, feeling emotionally numb and having difficulty expressing sadness. However, he recalled instances in school during which he felt humiliated by teachers, and those events triggered episodes of increased anger and aggressive feelings at home and school. After the 2020 shooting of his uncle, who served as a surrogate father, his grief and anger escalated again.

Educational History: Donquarion reported a history of difficulty with reading and math. He reported that he graduated from Kalamazoo Central High School in June of 2021. Following graduation, he pursued an athletic opportunity out of state that was designed to assist him in going to college and continue his interest in football. However, once he arrived, he could not read well enough to register for classes and had to return home.

School records indicated a history of grade retention for Donquarion in 11th grade. He attended summer school in 2013 and 2018. In 2019 he was enrolled in summer school, but records noted: "Advised bus driver that he would spit on them. He has been removed from the Summer School program." Generally, Donquarion's report cards noted failing grades in most subjects. School records also indicated an IEP meeting held with Donquarion and his family on June 9, 2021. However, Donquarion and his mother reported no knowledge of that meeting.

Donquarion received special education supports and services with an Individualized Education Program (IEP) under the category Specific Learning Disability in the areas of Reading Fluency and Mathematics Problem Solving. Donquarion received 1885 minutes (31 hours and 25 minutes per week) of Level Resource Program and 540 minutes (9 hours per week) of Transition Services. Supplementary aids and services included: extended time to complete assignments, tests, and quizzes given in small group settings with extended time, test and quizzes read aloud, preferential

seating (away from distraction), shortened/ accommodated assignments and assessments, and Contingency Learning Plan in collaboration with the family due to Covid-19.

Donquarion's 10/12/2020 IEP included plans for his post-secondary transition activities. According to his IEP, Donquarion planned to attend a vocational program providing training in construction at Kalamazoo Valley Community College (KVCC) or Michigan Career and Technical Institute (MCTI). Researching his options for post-secondary education, developing adult living skills (i.e., opening a bank account), and taking driver's training, were listed under his transition activities and services to be carried out by Donquarion and his family, with some help from his guidance counselor. Donquarion nor his mother recalled being informed of the details listed above.

The 10/2021 IEP also indicated that Donquarion received the following grades: Algebra 2b (61%), Earth Science A (26%), U.S. Gov & Politics A (48%), and African World Studies (50%). Lack of attendance and missing assignments reportedly impacted his performance. School records also indicated a significant number (16) of documented behavioral incidents during the 2019-2020 school year until 2/26/2020, including leaving the classroom and defying school personnel.

A Special Education Complaint on behalf of Donquarion was filed on January 27, 2021, to the Michigan Department of Education, Office of Special Education (OSE). According to the Michigan Department of Education (MDE) in a Special Education Complaint Investigation Report dated March 23, 2021, the official complaint was: "whether the district developed an individualized education program (IEP) to address the student's unique educational needs and enable to Student to be involved in and make progress in the general curriculum." The decision was as follows: "The IEP was developed to address the student's needs. The MDE determines no violation."

Evaluation and Treatment History: School records included a Multidisciplinary Team Evaluation dated 4/17/12 when Donquarion was in third grade. The purpose of the evaluation was to determine whether there was a learning disability that adversely affected Donquarion's educational performance to the point that special education was necessary. The evaluation included parent and teacher input, intervention data, Dynamic Indicators of Basic Early Literacy Skills (DIBELS), Dolch Word lists, and report cards. This evaluation determined that Donquarion was not achieving adequately in "reading fluency skills" and was not making sufficient progress based on his response to a scientific, research-based intervention. Furthermore, his pattern of strengths and weakness revealed weakness in reading fluency (i.e., significantly below grade expectations) relative to his functional and math skills. It was determined these results were not a result of vision, hearing, intellectual ability, emotional disturbance, cultural factors, or environmental or economic disadvantage. Despite missing a lot of school during first grade, it was determined that due to adequate attendance in previous 3 semesters and 95% participation in intensive intervention, Donquarion required Special Education services to be involved in the General Education curriculum.

Donquarion received tutoring services from SLD-Read, a tutoring service that utilized the Orton-Gillingham approach to reading, writing, and spelling. A student evaluation summary from Donquarion's 9th- grade year included pre-test (11/15/2016) and post-test (12/04/2017) scores

summarizing his progress. These standard scores were derived from the Woodcock-Johnson III (pre) & IV (post) and the Comprehensive Test of Phonological Processing (CTOPP). The pre- and post-test scores were as follows: Woodcock-Johnson III Letter-Word Identification = 61 (pre) and 57 (post), Spelling = 71(pre) and 69 (post), CTOPP Elision (Phonological Awareness) = 80 (pre) and 75 (post). A progress report dated 1/3/2018, when Donquarion was in 9th grade, indicated that he had become proficient in phonological awareness, phonics sounds, including short vowels, long vowels, consonants, blends, and digraphs. His goal for future sessions included learning spelling rules, syllable patterns, prefixes, suffixes, and written expression.

BEHAVIORAL OBSERVATIONS

On the day of testing, Donquarion was noted to have flown overnight from Arizona to Illinois before driving over two hours to reach the office for the evaluation. Observations and test results are presented and reviewed with this and other factors in mind.

At first glance, Donquarion's presentation resembled a youngster with an intellectual deficit, given the initial quality of his engagement, e.g., poor eye contact, limited verbal expression, slow and robotic-like speech, and an unusually deliberate approach to some tasks. However, impressive problem-solving, visual perceptual ability and capacity for learning were noted after testing began. Once comfortable, he opened up to the examiner and shared freely despite what appeared to be a baseline shy, somewhat reserved temperament. Over time, Donquarion was engaged, exerted reasonable effort, and demonstrated appropriate nonverbal communication through eye contact and the use of gestures. He voiced personal insight and awareness of his presentation by describing himself to have "RBF," a facial expression that looked angry when he wasn't. Donquarion wrote with his right hand. Despite his interest and engagement with the evaluation process, he had difficulty sustaining attention, occasionally putting his head down on the table while working, and was easily frustrated with challenging tasks. While the effect of limited sleep was noted over time, the restlessness and difficulties focusing observed by this examiner and reported by Donquarion and his mother to be longstanding problems appeared secondary to an attention deficit rather than fatigue alone.

Donquarion's emotional expression was difficult to read due to his relatively flat affect (emotional presentation). While his expressions did not definitively speak to depressed mood, the content of his responses suggested symptoms of depression and anxiety, including trauma effects and grief. Despite emotional, physical (fatigue), and cognitive challenges, Donquarion remembered instructions and picked up on nuances often missed by other examinees. Of note, individuals with significant language disorders and those affected by violence are often hyper-alert and responsive to subtleties in their environment. In response to questions about his oral reading, during which he was observed to miss phonemes and entire words, Donquarion stated, "I scan [for the words I know]...and put it into my own words [what the text seems to be saying]."

In terms of his mental status, Donquarion at times seemed to lose track of where he was geographically, possibly related to his recent trip. He was reality-oriented during the evaluation, but he reported a history of seeing things in the dark and hearing voices, which following further inquiry seemed to reflect anxiety instead of external voices associated with psychosis. Donquarion reported a history of panic attacks and stated that earlier that day, on the plane, "it felt like something was punching me in the eye or crawling on me." Donquarion stated that his

experience of difficulties hearing appeared to be in part related to daydreaming. Though it was removed, he reported having gotten an eraser stuck in his right ear some time ago.

INTERVIEW

When asked about stressors in his life, Donquarion spoke of his cousin and uncle's death. Donquarion reported that the man who murdered his uncle lived in Atlanta and had not been arrested because no one would testify against him. He reported having homicidal thoughts toward the man but stated he would not act on them. Donquarion was able to cite reasons for not carrying out homicidal ideation, such as his relationship with his siblings and cousins and his future. He expressed willingness to speak with a counselor about these feelings. Donquarion denied suicidal ideation.

Donquarion reported significant feelings of depression. He stated that he "caught himself crying or trying to cry." He noted that he often talked down to himself and sometimes felt angry and sad at the same time. Donquarion reported episodes of anger that involved destroying furniture and punching lockers at school, which he could only remember in part. He added that he was quick to fight while playing football but noted that his coaches often "hyped" to do so. Donquarion reported that he used to walk out of class and cry because when his teachers saw him distracted or falling asleep, they called on him to read. He reported being teased for his struggles with reading, though he had one good friend who did not tease him.

Donquarion reported that he experienced panic attacks when he was in school. He recalled three panic attacks during which he escaped into the hallway for cool air and sat in the stairwell for 15-20 minutes. Donquarion reported that this was when his anger started to get 'really bad' as well. He reported that a disgruntled teacher ran over his foot with a computer table and sent him to the Student Representative Council (SRC). This teacher reportedly picked on him often (e.g., standing in the doorway when he needed a break) and wanted him to write her an apology letter, to which Donquarion refused.

Socially, Donquarion enjoyed playing football on the defensive line and listening to music. He expressed a desire to go to college, play football and buy whatever he wanted for himself and his siblings.

INFORMATION FROM OBSERVER (Ms. McDonald) RATING SCALE

Donquarion's mother completed a questionnaire regarding his behaviors. She reported emotional problems for Donquarion, including feeling worthless, angry, resentful, helpless, hopeless, irritable, and easily annoyed by others. She endorsed a history of trauma for Donquarion and getting stuck on thoughts, urges, and mental pictures that were upsetting. Donquarion reportedly lost his temper and ganged up on his peers at times.

Attentional difficulties starting in early childhood were also a concern endorsed for Donquarion. He had trouble concentrating, thinking, making decisions, and keeping his mind on work or play for long. He was easily distracted, lost things, and needed extra help with instructions. He moved constantly, failed to complete tasks, and made careless errors. Developmentally, Donquarion's mother noted that he was a late talker and demonstrated dysfluencies (stuttered) at times.

Socially, Donquarion was reported to avoid and fear social situations, becoming distressed when required to participate. Academically, he had trouble reading, specifically identifying the main idea of the story or answering questions about what he read. When it came to math, he forgot concepts he already learned, had trouble sequencing steps of problem solving, confused math signs, and had a poor memory for basic math facts.

INFORMATION FROM SELF-REPORT QUESTIONNAIRES

Donquarion was given a screener that was evaluated qualitatively. On the Personality Assessment Screener (PAS), Donquarion endorsed letting little things bother him too much and not enjoying things due to worry. He also endorsed having a bad temper and people thinking he was aggressive. He denied suicidal ideation.

REFERRAL SUMMARY AND NARRATIVE OF TEST RESULTS

Donquarion Lewis was an 18 year, 11-month-old, dominant right-hand male whose history was notable for numerous concussions, related emergency room visits, deficits in attention, learning disabilities in reading and arithmetic, academic and emotional difficulties in the school environment, special education services, and numerous traumatic events, including events suffered in the school environment. At the time of this evaluation, initiated by Disability Rights Michigan, he had just returned to Michigan from an out-of-state athletic/academic opportunity where he had been unsuccessful due to his illiteracy. The purpose of the current evaluation was to assess Donquarion's present neurocognitive, emotional, and behavioral functioning, provide diagnostic clarification, and assist with treatment planning and recommendations concerning his educational needs.

Please see the recommendations following the narrative results for supports and interventions to increase resiliency and maximize Donquarion's well-being and functioning.

Neuropsychological evaluation results revealed the following:

Overall behavioral and cognitive functioning reflected difficulties with sustained focus throughout the evaluation and exacerbated by fatigue toward the end of the evaluation.

Significant discrepancy between language-based and nonverbal measures of psychometric intelligence: Average Range nonverbal intellectual functioning was yielded on measures of visually-based problem-solving measures, tests of visual-spatial analysis and construction ability, visual-motor processing speed, and untimed executive tasks of concept formation and mental flexibility; Borderline Range performance on intelligence measures tapping verbal comprehension, vocabulary, and working memory using auditory information. Donquarion's performance on the measures tapping language-based intellectual functioning was approximately five years behind his chronological age.

Given the significant discrepancy between intelligence domains, the full-scale I.Q. should not be considered a reflection of his intellectual ability. His nonverbal abilities are a better estimate of his academic and overall potential.

Borderline to Deficient range performance on all *achievement* tests screening word-reading, spelling, sentence/reading comprehension, and mechanical arithmetic (grade equivalents of 3.3 through 4.7).

Consistent with behavioral observations of communication and vocabulary skills lower than age expectations, Donquarion demonstrated impaired phonological processing ability. Interestingly, he demonstrated age-appropriate abilities on verbal fluency, verbal memory, and verbal learning measures.

Consistent with significantly stronger nonverbal intellectual abilities, Donquarion achieved scores in the average to above-average range on a structured and untimed executive functioning measure of concept formation, mental flexibility, planning, and organization. His performance on this task was aided by immediate feedback. In contrast, his performance on timed measures of executive functioning dependent upon visual scanning, sequencing, and mental flexibility, was significantly below age expectations.

A careful review of Donquarion's performance pattern on a *verbal memory* test indicated that while his verbal memory was adequate, his speed of acquiring verbal knowledge was below average. Donquarion was also below average on measures assessing his memory for geometric shapes. His performance pattern on this measure and others suggested that he benefited from contextual cues and semantic context in the recall of information. Further, his ability to recall verbal information was aided more by story/narrative context over repetition, and repetition and context over material dependent upon his independent ability to use strategies for encoding and retaining information.

Age-appropriate fine motor speed was noted on a finger tapping test. It was consistent with his performance on other measures of processing speed requiring rote information processing (e.g., no sequencing and limited set-shifting required). In contrast, his performance on measures of fine motor dexterity was mildly impaired.

Parental endorsement of Donquarion's behavior and functioning on other standardized questionnaires highlighted clinically significant attention/concentration, memory, and self-esteem problems.

Donquarion's responses to a standardized questionnaire and interview questions indicate significant emotional distress, symptoms of anxiety, depression, and the need for further evaluation to rule out a thought disorder, considerable difficulty in attention/concentration, self-esteem, anxiety, social distress, and traumatic stress secondary to the tragic loss of two significant family members and chronic academic failure and feelings of mistreatment in the school setting. Donquarion reported struggling with homicidal ideation after the death of his uncle.

In contrast to the findings of this evaluation, school records indicated Donquarion had developed adequate phonological processing skills. Further concerns about his academic history and special education services provided included the absence of a comprehensive psychoeducational evaluation, including intellectual assessment, referral for a neuropsychological evaluation given his history of concussions, and evidence of multimodal assistive strategies that would likely have enhanced his learning, compliance and overall wellbeing.

DIAGNOSIS

F81.0 Specific Reading Disorder, severe
F81.2 Specific Mathematics Disorder, severe
F40.2 Attention-Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate
F43.12 Post-Traumatic Stress Disorder, chronic (with disturbance of mood, sensory, and conduct)
F43.25 Complicated Grief
F43.30 Major depressive disorder, recurrent, in remission, unspecified
F41.0 Panic Disorder, in remission

Other history or problems for clinical focus

Unspecified Sleep Disorder, Impairment of motor functions (fine motor dexterity), Academic or Educational Problem; and rule-out diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Mild neurocognitive/Post-concussive effects affecting cognitive and fine motor functioning, and Central Auditory Processing Disorder (CAPD).

SUMMARY AND RECOMMENDATIONS

Donquarion was a delightful, intelligent, and perceptive young man with a strong desire to succeed despite significant educational, cognitive, emotional, and systemic problems. Individuals with neurocognitive patterns and histories like Donquarion's are often fraught with depression and low feelings of value and self-efficacy due to chronic academic failure, the subjective distress associated with having solid nonverbal intelligence but lacking the language and phonological ability to communicate and perform in an age expected fashion.

Donquarion's desire to succeed and learn, along with his solid nonverbal problem-solving ability and demonstrated capacity for learning in structured, individualized settings, suggested that he could have acquired a higher level of academic mastery and increased adaptive behavior (ability to independently navigate the demands of his environment) had he been provided proper evaluation and interventions during his formative years. For instance, a curriculum that provided audiobooks of content subjects with interactional learning modules and formative assessment would have laid a more promising platform for achievement and preparation for independent functioning, along with other assistive devices, methods of reading instruction, and practical arithmetic instruction with concepts tied to real-life events like the mathematics behind a plane flying and visual illustrations of objects displacing water. A therapeutic relationship with a social worker or other designated individual working in the school environment would have also enhanced his learning and skill development by facilitating feelings of safety through grounding and reframing stressful events.

It is recommended that future educational services consider the ideas listed above. Further, Donquarion's teachers and caregivers must interpret his behavior through a trauma lens instead of his conduct being rooted in aggressive intent, willful neglect of academic tasks, and noncompliance. That said, he is expected to thrive in an environment that celebrates his strengths and abilities independent of age-based expectations and provides clear patient support, supervision, and guidance.

Concerning past trauma and current emotional challenges, Donquarion would benefit from weekly therapeutic services to address feelings of shame and humiliation in the educational environment and their synergistic impact with other traumatic life events on his wellbeing and feelings of efficacy.

Recommendations for Home

1. Individual, and if deemed appropriate by his counselor, family systems therapy addresses trauma, grief, mood symptoms, the development of reframing and relaxation techniques, and the benefits of parental attunement and involvement for enhancing academic, social, and vocational outcomes for Donquarion. Donquarion desperately needs a venue to work on cognitive-behavioral strategies and relaxation techniques for anxiety, interventions for improving self-esteem, and strategies for promoting distress tolerance such as those found in dialectical behavior therapy methods. It is needful that Donquarion's therapist exercises cultural humility and sensitivity to the unique stressors suffered by African American male youth. As stated earlier, psychiatric consultation and psychotherapy should be frequent enough to monitor the development of acute psychiatric symptoms such as suicidal ideation.
2. Donquarion and his advocates are strongly advised to work with medical providers to find the best medical treatments for maximizing his functioning and skill acquisition by treating deficits in attention, mood, and sleep disruption. See pharmacologic considerations in summary on page two under recommendations.
3. Referrals to neurology and audiology are also needed to follow up on his history of concussions, deficits in fine motor abilities, and other indications of developmental (CAPD) and potential acquired cognitive deficits.
4. Consider strategies like those listed below to improve Donquarion's self-esteem:
 - a. Encourage scheduled activities with family members and friends to do something he enjoys and possibly take the lead because of his strengths.
 - b. Brainstorm in the therapy and family setting coping strategies for dealing with daily struggles and dilemmas. Ask Donquarion what he thinks would help the problem instead of rushing to fix the problem or offer a solution. If he is stumped, help him generate a list of potential responses.
 - c. Highlight things he does well through compliments and increased recognition.
5. Be realistic about what Donquarion can reasonably be expected to accomplish and set him up for success. Find ways to increase his awareness of what he can control and accomplish. Communicate to Donquarion that he adds value to the lives of others.
6. Donquarion and his family are reminded of the benefit of low-expressed emotions in response to undesired events and circumstances and high expressed emotions in the presence of desired events or behaviors. Make sure task demands and family expectations are clearly and concisely articulated and understood by all by making it a household ritual that repeats requests or instructions.
7. To minimize mental fatigue, design Donquarion's schedule at home, school, or eventually work, whenever possible, so that high-interest activities follow low-interest or problem activities. Build respite into his schedule by having a less demanding task to follow a more demanding one.

8. Donquarion would benefit from following along with audiobooks daily on topics that he finds interesting, particularly if they have a hands-on component like DIY material.
9. An annual neuropsychological evaluation is recommended to monitor neurocognitive function and development and assist with treatment recommendations pertinent to his stage of development and given his history of concussion.

Recommendations for school:

1. Based on neuropsychological findings and diagnoses, it is recommended that Donquarion enrolls in an academic setting that has oversight through his school district's special education department or some other designated entity with the capacity to engage him in a respectful and inspiring manner while aiding him in developing skills and compensatory strategies consistent with his specific pattern of neurocognitive strengths and weaknesses and emotional needs. Donquarion will benefit from ample individualized instruction to develop essential academic skills.
2. In addition to general curriculum skill areas, Donquarion would benefit from a strategic approach to the following skill areas: money concepts, time concepts, independent living skills, self-care and hygiene, community access, leisure activities, and vocational training.
3. Donquarion's school-related distress may improve with programming changes that are more sensitive to his self-esteem and social needs (including a sense of belonging and value). Nevertheless, the addition of social work services to address emotional issues and behaviors that interfere with school functioning (e.g., fear of scrutiny, failure fatigue, performance anxiety) is recommended.
4. Additional recommendations for school include the following:
 - a. Teach one concept or activity component at a time.
 - b. Teach one step at a time to help support memorization and sequencing.
 - c. Always provide multiple opportunities to practice skills in several different settings.
 - d. Use physical and verbal prompting to guide correct responses and provide specific verbal praise to reinforce these responses.
 - e. Break up classwork and assignments into smaller, manageable tasks (i.e., "complete the first three items" than "complete the next three items," etc.)
 - f. When possible, provide verbal repetition for multi-step directions, and have Donquarion repeat what was said to you.
 - g. When possible, reduce the number of visual stimuli presented at one time (e.g., cover portions of the text when reading, cards with a cut-out window to isolate text, etc.)
 - h. Items read-aloud for Donquarion on tests and classroom assignments.
 - i. Provide frequent breaks with an opportunity to leave his seat (obtain a drink, perform errands, assist a teacher in the classroom, etc.)
 - j. Use of nonverbal signals with Donquarion (e.g., hand signs) when he is not on task.

5. In group settings, seat Donquarion near a person capable of gently providing feedback. He is likely to benefit from subtle cues to take breaks and complete tasks. Provide increased monitoring to ensure that he has understood task instructions and is completing tasks as instructed. Provide Donquarion with a quiet place, assistance for reading, and extended time for testing.
6. Given significant fine motor deficits, providing Donquarion with extended time when writing is required; providing assistive devices for writing, such as computers or tablets, is even more ideal with spell-correct functions.
7. Donquarion's caregivers and educators are encouraged to approach his behavior with his history of trauma in mind. That said,
 - o When Donquarion is having a difficult time, it can help look for cues in the environment that may have triggered a fear response. Be careful about placing blame on Donquarion. The question, "What's happening in this situation," can be more helpful than, "What's wrong with Donquarion?" Adults need to remain calm. After Donquarion reacts kindly and compassionately, reflect to Donquarion such as, "I see that you're having trouble with this problem," or "You seem like you're getting irritated." Offer a couple of choices, at least one of which should be appealing. This will help Donquarion gain a sense of control and agency and foster feelings of safety once more. Over time, the hope is that Donquarion will be more likely to say, "I need help" or "I need a break."
 - o Donquarion would benefit from having *peaceful, predictable transitions*. Transitions between activities can trigger a feeling of "uh oh, what will happen next?" which can prime individuals towards emotional reactivity. Some youth benefit from meditation bell or music to signal it's time to transition. The important thing is to build a routine around transitions so that children know: a) what the transition is going to look like, b) what they're supposed to be doing, and c) what's next.
 - o *Praise publicly and criticize privately*. Due to his challenges, Donquarion is hypertensive to criticism. Hence, caregivers should be compassionate when reprimanding Donquarion. Because of this, it will be imperative to capture moments when he is doing well and point them out to build his self-worth: "Wow, I love how you patiently responded to your classmate" or "Thank you for helping your classmate." When you need to re-direct the behavior, do so privately and in a calm voice.
8. A school occupational therapy evaluation is recommended to address motor impairments, a reading specialist to assist with reading comprehension strategies like the SQ3R method, and an audiologist to determine the need for assistive devices and environmental compensatory tools. Treatment of his attention deficits will increase his availability for learning. Treatment of his attention deficit using a selective norepinephrine reuptake inhibitor versus traditional stimulant treatment is supported by research in those individuals who struggle with executive-based automaticity in reading.

It was a pleasure working with Donquarion and his family. Please do not hesitate to contact me at 810-869.6228 with any questions about this report or the suggested recommendations.

Chiarina Owens, Ph.D.

Chiarina Owens, Ph.D., LP
Pediatric Neuropsychologist

11/20/2021

Date

CONFIDENTIAL TEST SCORES

Note: These scores are intended for appropriately licensed professionals and should never be interpreted without consideration of the attached narrative report.

The test data listed below use one or more of the following formats:

Standard Scores have an average of 100 and a standard deviation of 15 (the average range is 85 to 115).

Scaled Scores have an average of 10 and a standard deviation of 3 (the average range is 7 to 13).

T-Scores have an average range of 50 and a standard deviation of 10 (the average range is 40 to 60).

Percentile score: A percentile ranking tells the percentage of similarly-aged child who would score similarly to or below Donquarion's score. For example, a score at the 50th percentile places Donquarion's performance at the solidly average range, with 50% of similarly-aged youth scoring at or below the same score. The average range is reflected in the 18th – 82nd percentile.

INTELLECTUAL FUNCTIONING

Wechsler Adult Intelligence Scale – 4th Edition

<u>Index</u>	<u>Standard Score</u>	<u>Performance Range</u>		<u>Percentile Rank</u>
Verbal Comprehension	72	Significantly Below Average		3 rd
Perceptual Reasoning	92	Average		30 th
Working Memory	74	Significantly Below Average		4 th
Processing Speed	89	Average		23 rd
Full Scale IQ	n/a	-		-
<u>Domain</u>	<u>Subtest</u>	<u>Standard Score</u>	<u>Performance Range</u>	<u>Percentile Rank</u>
Verbal Comprehension	Similarities	5	Sig. Below Average	5 th
	Vocabulary	5	Sig. Below Average	5 th
	Information	5	Sig. Below Average	5 th
	(Comprehension)	7	Below Average	16 th
Perceptual Reasoning	Block Design	10	Average	50 th
	Matrix Reasoning	8	Average	25 th
	Visual Puzzles	8	Average	25 th
	(Figure Weights)	9	Average	37 th
	(Picture Completion)	7	Below Average	16 th
Working Memory	Digit Span	3	Impaired	1 st
	Arithmetic	8	Average	25 th
	(L-N Sequencing)	4	Impaired	2 nd
Processing Speed	Symbol Search	10	Average	50 th
	Coding	6	Below Average	9 th
	(Cancellation)	8	Average	25 th

ACADEMIC ACHIEVEMENT

Wide Range Achievement Task *(broad estimates due to error in test administration)

<u>Subtest</u>	<u>Standard</u>	<u>Grade</u>	<u>Performance</u>	<u>Percentile</u>
Word Reading	67	3.3	Impaired	1 st
Spelling	74	4.4	Sig Below	4 th
*Sentence Comprehension	*72	*4.7	Sig Below Avg	*3 rd
Math Computation	69	3.8	Impaired	2 nd

MEMORYWechsler Memory Scale – 4th Edition

<u>Subtest</u>	<u>Scaled Score</u>	<u>Performance Range</u>	<u>Percentile Rank</u>
Logical Memory I	11	Average	63 rd
Logical Memory II	7	Below Average	16 th
Visual Reproduction I	6	Below Average	9 th
Visual Reproduction II	7	Below Average	16 th

California Verbal Learning Test – 2nd Edition

	<u>Standard Score</u>	<u>Performance Classification</u>
Trial 1-5	T = 58	Average
Total Learning Slope 1-5	Z = -1	Below Average
Forced Choice Recognition	n/a	Good Effort/100% accuracy
Short Delay Free Recall	Z = 0	Average
Short Delay Cued Recall	Z = 0	Average
Long Delay Free Recall	Z = 0	Average
Long Delay Cued Recall	Z = -0.5	Low Average

LANGUAGE

Auditory Analysis Test – phonological processing

<u>Raw Score</u>	<u>Performance Classification</u>
15	Impaired

Controlled Oral Word Association Test (FAS) – verbal fluency

<u>Raw Score</u>	<u>Performance Classification</u>
22	Below Average

ATTENTION AND EXECUTIVE FUNCTIONING

Trail Making Test A & B

	<u>Z-Score</u>	<u>Performance Range</u>	<u>Percentile Rank</u>
Trail Making Test A	-1.6	Significantly Below Avg	5 th
Trail Making Test B	-3.67	Impaired	< 1 st

Wisconsin Card Sorting Test

	<u>Standard Score</u>	<u>T-Score</u>	<u>Percentile</u>
Total Errors	113	59	81 st
Perseverative Responses	103	52	58 th
Perseverative Errors	103	52	58 th
Non-perseverative Errors	119	63	90 th
Percent Conceptual Level Responses	105	53	63 rd
Categories Completed (6)	-	-	>16 th
Trial to Complete First Category (11)	-	-	> 16 th
Failure to Maintain Set (0)	-	-	> 16 th
Learning to Learn (2.2)	-	-	>16 th

FINE-MOTOR, VISUAL-MOTOR AND VISUAL-SPATIAL FUNCTIONING

Grooved Pegboard – fine motor dexterity

<u>Hand</u>	<u>Raw Score</u>	<u>Performance Range</u>
Dominant	79	Below Average
Non-Dominant	87	Below Average

Finger Tapping – upper extremity speed

<u>Hand</u>	<u>Raw Score</u>	<u>Performance Range</u>
Dominant Right	45.4	WNL
Non-Dominant Left	46.6	WNL

Judgement of Line Orientation – spatial orientation

<u>Raw Score</u>	<u>Performance Range</u>
16	Impaired

Reitan-Klove Sensory-Perception Examination

<u>Stimulus Type</u>	<u>Error Totals</u>	<u>Performance Range</u>
Auditory – Right	0	WNL
Auditory – Left	0	WNL
Auditory – Both	0	WNL
Visual – Right	0	WNL
Visual – Left	0	WNL
Visual – Both	0	WNL

QUESTIONNAIRES

Conners Adult ADHS Rating Scale – CAARS Observer: Long Version (CAARS-O:L)

This form was completed by Donquarion's mother. Consistent Responding

<u>Subscale</u>	<u>Raw Score</u>	<u>T-Score</u>	<u>Guideline</u>
Inattention/Memory Problems	20	62	Mildly Atypical
Hyperactivity/Restlessness	14	51	Typical
Impulsivity/Emotional Lability	20	60	Slightly Atypical
Problems with Self-Concept	11	62	Mildly Atypical
DSM-V: Inattentive Symptoms	19	70	Moderately Atypical
DSM-V: Hyperactive- Impulsive	8	50	Typical
DSM-V: ADHD Symptoms Total	27	62	Mildly Atypical
ADHD Index	19	62	Mildly Atypical

Structured Inventory of Malingered Symptomatology (screening measure)

<u>SIMS Scales</u>	<u>Raw Score</u>	<u>Clinical Cutoff</u>	<u>Guideline</u>
Psychosis (P)	1	>1	Not Elevated
Neurologic Impairment (NI)	3	>2	Significantly Elevated
Amnestic Disorders (AM)	1	>2	Not Elevated
Low Intelligence (LI)	-	>2	-
Affective Disorder (AF)	4	>5	Not Elevated
Total	9	>14	Not Elevated

Physician verification of Other Health Impairment for Donquarion Lewis

Donquarion's family should take this form to a qualified medical professional (e.g., physician, neurologist, etc.) for signature. The form should then be shared with Donquarion's school.

Donquarion has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD), combined presentation, moderate, Post-Traumatic Stress Disorder, chronic (with disturbance of mood, sensory, and conduct), Complicated Grief, Major depressive disorder, recurrent, in remission, unspecified, panic disorder, in remission, Unspecified Sleep Disorder, Impairment of motor functions (fine motor dexterity), by Chiarina Owens, Ph.D. (For more information, please see accompanying neuropsychological evaluation report.) Considering these diagnoses, Donquarion may be eligible for special education services in Michigan as a student with Other Health Impairment (OHI) through the age of 26 years. Michigan education law requires a medical provider (NOT a psychologist) to document health problems such as ADHD. To facilitate multidisciplinary collaboration, this form is to assist Donquarion and his family in obtaining the necessary documentation for educational purposes.

A summary of eligibility criteria under Michigan special education laws:

R 340.1709a Other Health Impairment explained; determination. Rule 9a.

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

(a) Is due to chronic or acute health problems such as any of the following:

- Asthma.
- Attention deficit hyperactivity disorder.
- Diabetes.
- Epilepsy.
- A heart condition.
- Hemophilia.
- Lead poisoning.
- Leukemia.
- Nephritis.
- Rheumatic fever.
- Sickle cell anemia.

(b) The impairment adversely affects a student's educational performance.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:

(a) An orthopedic surgeon.

(b) An internist.

(c) A neurologist.

(d) A pediatrician.

(e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

Chronic or Acute Health Problem, (e.g., ADHD): _____

Physician Signature: _____

Physician Printed [Name]: _____

Date: _____